

P24000065965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

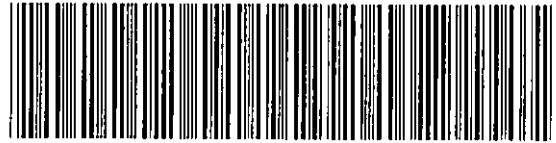
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



600434690836

RECEIVED
OCT 24 2024

RECEIVED
2024 OCT 24 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 10/24/2024

PRIORITY Routine

OUR REF # (Order ID#) MAM

ORDER ENTITY

STOCKWELL LAW P.A.

PLEASE PERFORM THE FOLLOWING SERVICES:

STOCKWELL LAW P.A.

Please file the attached articles of incorporation and provide a certified copy as evidence.

NOTES:

\$78.75 Authorized

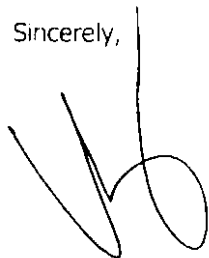
RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be 'V6' or similar, written over a vertical line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Stockwell Law P.A.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

= \$70,000
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Marissa Stockwell

Name (Printed or typed)

11127 Bridge House Road

Address

Windermere, Florida 34786

City, State & Zip

Daytime Telephone number

arfs@incserv.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I - NAME
The name of the corporation shall be Stockwell Law P.A.

ARTICLE II - PRINCIPAL OFFICE
Principal street address: 11127 Bridge House Road
Windermere, Florida 34786
Mailing address, if different is: _____

ARTICLE III - PURPOSE
The purpose for which the corporation is organized is Law Practice

ARTICLE IV - SHARES
The number of shares of stock is: 10,000

ARTICLE V - INITIAL OFFICERS AND/OR DIRECTORS

Name and Title	<u>Marissa Stockwell, President</u>	Name and Title	_____
Address	<u>11127 Bridge House Road</u> <u>Windermere, Florida 34786</u>	Address	_____ _____

Name and Title	_____	Name and Title	_____
Address	_____ _____	Address	_____ _____

Name and Title	_____	Name and Title	_____
Address	_____ _____	Address	_____ _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is

Name: Incorporating Services, Ltd.

Address: 1540 Glenway Drive
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the incorporator is

Name: Marissa Stockwell
Address: 11127 Bridge House Road
Windermere, Florida 34786

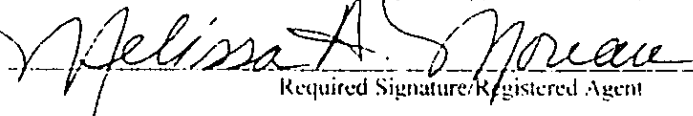
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing, _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.


Required Signature/Registered Agent

10/23/2024

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Marissa Stockwell
Required Signature Incorporator

10/23/2024

Date